

|   |                                  |  |                         |
|---|----------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)</i>  |                                  | Docket Number (Optional)<br>14113-00105-US |                         |
| Application Number      10/523,101-Conf. #8413  |                                  | Filed      February 1, 2005                |                         |
| For    SPIROBIFLUORENE DERIVATIVES, THEIR PREPARATION AND USES THEREOF  |                                  |  |                         |
| Art Unit      4174  |                                  | Examiner      M. E. Nelson                 |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |  |                         |
|   |                                  | <u>Fee</u>                                 | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$120                                      | \$60      \$ 120.00     |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$460                                      | \$230      \$           |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1050                                     | \$525      \$           |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1640                                     | \$820      \$           |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2230                                     | \$1115      \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                         |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |  |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      03-2775   |                                  |  |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |                                  |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number      35,646  |                                  |  |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |                                  |  |                         |
| _____/Ashley I. Pezzner/<br>Signature   |                                  | _____/June 3, 2008<br>Date                 |                         |
| _____/Ashley I. Pezzner<br>Typed or printed name  |                                  | _____/ (302) 658-9141<br>Telephone Number  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |  |                         |
| <input type="checkbox"/> Total of      1      forms are submitted.  |                                  |  |                         |